Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Grant Scorecard
Grant Number: IDA-708-G15-H

GENERAL GRANT INFORMATION

Applicant:	India CCM
Country:	India
Round:	7
Component:	HIV/AIDS
Grant Title:	Enhancing Institutional Counseling Capacities of Counselor Training Institutes
Grant Number:	IDA-708-G15-H
Principal Recipient:	Tata Institute of Social Sciences (TISS)
Related Grants (same proposal):	IDA 708 G13 H National AIDS Control Organization (NACO; Government of India); Build rural community outreach model to address the complex needs of rural prevention, care and support requirements in 121 high prevalence districts. IDA 708 G14 H India Nurses Council (INC); Strengthening Institutional Capacity for Nursing Training on HIV/AIDS in India.
Proposal Lifetime:	
Lifetime Budget:	USD 87,856,137
2-Year Budget:	USD 6,902,350
Disbursed to Date:	USD 5,760,860
Signature Date:	21-Aug-2008
Program Start Date:	01-Sep-2008

A. SECRETARIAT PHASE 2 RECOMMENDATION

Phase 2 Recommendation Category:	Conditional Go
Incremental Phase 2 Amount Recommended for Board Approval(USD):*	$7,671,916
Euro Equivalency:	€ 0

*The maximum funding amount available for Phase 2 of each proposal shall be the sum of the incremental amount approved by the Board and the amount of any funds approved for Phase 1 that have not been disbursed by the Global Fund at the end of the Phase 1 period

Rationale for Recommendations :

Program Performance:

The Indian government estimates that approximately 2.4 million people in India were living with HIV as of 2007. The epidemic is highly varied across states and regions but the states identified as being most affected in 2006 are the four southern states of Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra, and the northeastern state of Manipur. The program supported by this Round 7 grant is strengthening human and institutional capacities of the national health system to ensure long-term sustainability of the national AIDS control interventions. The grant is enhancing institutional counseling capacities of 55 counselor training institutes across the country.

The Principal Recipient (PR), Tata Institute of Social Sciences (TISS), has performed well with 5 out of 8 indicators achieving or exceeding their targets. These included:

• 17 good-practices centres identified and linked with the SRs (120% of the target);
• 39 training centres strengthened through improved infrastructure, training, resource materials and capacity building packages to support HIV/AIDS counselling programs (115% of the target);
• 2,432 counsellors trained to undertake HIV/AIDS counselling (120% of the target); and,
• 161 people trained in supportive supervision through capacity building workshops (101% of target).

However, the PR has not been successful at achieving some of the targets set for indicators, such as “number of master trainers, conducting HIV/AIDS counselling training (who have undergone basic and refresher trainings)” which reached only 58% and the “Number of operational research studies on enhanced counselling undertaken by Zonal institutes and reports made available” achieved 0%.

Program management and governance:

The Principal Recipient has effectively managed the program as evidenced by the sound management and monitoring. The strong support of several of the key implementing agencies including the Ministry of Health, TRAC Plus (Treatment Research and AIDS Center) and CAMERWA (Central Drug Purchasing Agency) has contributed to the very satisfactory performance to date. While the programmatic performance of the PR is very good, there were areas of weaknesses under financial management which included low financial absorption rate of SRs, reporting delays, and lapses in ensuring compliance with Global Fund auditing requirements which is already addressed by the PR. Areas to be addressed during the Phase 2 period to improve the implementation of the program include implementation delays which have adversely impacted the roll-out of activities by the SRs, and is partially reflected in the low burn rate; and restructuring of the PMU which should allow the PR to adequately address most of the implementation challenges.

The Secretariat classifies this Request as a ‘Conditional Go.’ Prior to, and during Phase 2, the PR should focus efforts on fulfilling the conditions and time bound actions listed below for continued funding to be fully warranted.

Rationale for Phase 2 Recommended Amount :

In light of adequate performance overall in Phase 1, the Secretariat recommends an incremental amount of USD 7,671,916 (an efficiency savings of 15%). The percentage identified in "% of original Phase 2 Proposal Amount" on Page 4 is incorrect and reads 71% instead of 85%. This is due to Phase 2 funds already having been advanced to cover the Phase 1 extension.

SUGGESTED TIME-BOUND ACTIONS	
ISSUES	**DESCRIPTION OF TIME-BOUND ACTIONS**
1. Documentation demonstrating the commitment of NACO to provide the training institutes the necessary means to fulfil the goal of the proposal to train 12,000 counsellors within the timeframe of the proposal, thus releasing TISS from funding this component under the grant.	Condition: 1. Prior to signing the Phase 2 extension, the Principal Recipient shall provide to the Global Fund documented confirmation that the National AIDS Control Organization (“NACO”) will provide the funding for the training programs necessary to implement the counselor training outlined in the proposal.
2. The PR needs to review the planned modalities of the roll out and scale up of supportive supervision. In particular, the PR should review the timing of expansion; involve the SRs and SSRs in the planning; the involvement of other levels and forms of supervision already provided; the selection criteria of counsellors for supportive supervision; and the sustainability of this component to counsellor capacity building. The above changes may require some budget adjustments following the revised work plan.	Time Bound Actions: 2. Prior to signing the Phase 2 extension, the Principal Recipient shall submit to the Global Fund a revised work plan (the “Revised Work Plan”) detailing the proposed roll-out and scale-up of supportive supervision. The Revised Work Plan shall address the following: a) the timing of the proposed expansion; b) how the Sub-recipients and Sub-sub-recipients will be involved in the roll-out and scale-up; c) how other levels and forms of supervision already provided will be incorporated into the roll-out and scale-up; d) the selection criteria that will be used to choose counsellors for supportive supervision; and e) the sustainability of this component in the overall framework of counsellor capacity building. The Principal Recipient shall revise the budget accordingly to reflect changes made to the Revised Work Plan. The Revised Work Plan (and associated revised budget, if any) shall be subject to the written approval of the Global Fund.
3. The SR cash balance seems to be excess to phase 1 requirement.	3. Prior to signing the Phase 2 extension, the Principal Recipient shall provide to the Global Fund evidence, in form and substance satisfactory to the Global Fund, of the reconciliation of the Sub-recipient cash balance as of the end of month 24. Any amount in the Sub-recipient cash balance in excess of the amount required for Phase 1 shall be applied to the Phase 2 budget.

B. PHASE 2 BUDGET AND IMPLEMENTATION ARRANGEMENTS

1.Estimated funds available for Phase 2

	Year 3	Year 4	Year 5
Original Phase 2 Adjusted Proposal Amount (*)	USD 3,300,844	USD 4,766,435	USD 2,788,585

(*) Adjustments to the original Board approved proposal amount may be a consequence of TRP review and grant negotiation before Phase 1.

Particulars	Total
Original Phase 2 Adjusted Proposal Amount (table above)	USD 10,855,864
Expected undisbursed amount at the end of Phase 1	USD 953,632
Estimated Maximum Phase 2 Amount	USD 11,809,496

2.Phase 2 Budget and Recommended Amount

	Year 3	Year 4	Year 5	Total Phase 2 Amount	% of maximum Phase 2 Amount	Incremental Phase 2 Amount	% of original Phase 2 Proposal Amount (***)
CCM Request(**)	USD 4,684,127	USD 4,339,301	USD 3,284,907	USD 12,308,335	104%	USD 11,354,703	105%
Global Fund Recommendation(**)	USD 3,189,418	USD 2,716,676	USD 2,719,454	USD 8,625,548	73%	USD 7,671,916	71%

(**) Including any partial or total roll-over into Phase 2 of undisbursed Phase 1 amounts.
(***) This should read 85%, however Phase 2 funds have already having been advanced to cover the Phase 1 extension

1. Does the Phase 2 Budget include a material amount of un-disbursed Phase 1 funds?

○ Yes ● No

if yes, please explain how the CCM anticipates that these extra funds will be absorbed in Phase 2 (e.g. increased scope of activities,increased targets,activities initially planned during Phase 1 to be undertaken in Phase 2, unanticipated increasesin program costs, etc.)

There are no funds carried forward from the Phase 1.

2. Is the budget within the permitted maximum?

● Yes ○ No

The budget is 88% of the maximum permitted amount.

3. Is the budget in line with:

3.1 Usage of funds in Phase 1?

● Yes ○ No

The activities of the Phase 1 were undertaken as per the plan and most of the targets were achieved by the end of Q6 as per the performance framework. The activities in Phase 2 are in line with the same assumptions of the Phase 1 work plan and budget. However as stated above, this is assuming approval of the proposed change in the use of funds for the supportive supervision and for NACO to continue to cover most of the cost for the training of counselors. The absorptive capacity to utilize the budget proposed is reasonable.

3.2 Anticipated program realities for Phase 2?

● Yes ○ No

The Phase 2 budget is reasonable considering anticipated program realities for Phase 2. Further, there is no material change in the national strategy and scope of the program except the scale-up of the supportive supervision to counselors. It may be noted that LFA has certain concerns and recommendations on the proposed scale-up of supportive supervision which have been shared with the PR. We agree that this needs further consideration. Perhaps the scale up should be less radical and more progressive. Due to this there could be adjustment in the budget. However it is not possible yet to determine if such changes in the rate of scale up would change dramatically the overall amount requested. All other activities are mainly a continuation of the activities carried out in phase 1.

4. Do the budget and workplan show sufficient detail (including key budget assumptions)?

○ Yes ● No

Overall yes the budget and workplan show sufficient detail and the key assumptions are clear. There are some issues regarding research studies, the basis for annual increase for the cost of producting resource manuals, and possible efficiencies made with grouping certain workshops and refresher trainings. These issues need to be clarified and spelled out. This will be done during grant negotiations.

5. Are there any other comments on the budget?

● Yes ○ No

The two main issues that will need careful consideration are the proposal for NACO to cover the training costs of the counselors and secondly for TISS to use those savings due to NACO's contribution to scale up supportive supervision to counselors. We endorse these changes. There are assumptions made about the timing of the scale up which will have some budget and performance framework implications. See comments below.

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The Indian government estimates that approximately 2.4 million people in India were living with HIV as of 2007. The epidemic is highly varied across states and regions but the states identified as being most affected in 2006 are the four southern states of Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra, and the northeastern state of Manipur. The program supported by this grant is strengthening human and institutional capacities of the national health system to ensure long-term sustainability of the national AIDS control interventions. The grant is enhancing institutional counseling capacities of 55 counselor training institutes across the country.

PROGRAM GOALS AND IMPACT INDICATORS

Goal		Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
Impact indicator								

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1.Overall grant Rating

B1. Adequate

This section contains the assessment of performance by service delivery area (SDA).Each grant is structured into goals, objectives, and SDAs.
.Goals are broad and overarching and will typically reflect national disease program goals. The results achieved will usually be the result of collective action undertaken by a range of actors.Examples include "Reduced HIV-related mortality", "Reduced burden of tuberculosis", "Reduced transmission of malaria". .Objectives describe the intention of the program for which funding is sought and provide a framework under which services are delivered.Examples linked to the goals listed above include "To improve survival rates in people with advanced HIV infectionin four provinces","To reduce transmission of tuberculosis among prisoners in the ten largest prisons" or "To reduce malaria-related morbidity among pregnant women in seven rural districts". .SDAs describe the key services to be delivered to achieve objectives.The service delivery area is a defined service that is provided.Examples for the objectives listed above include "Antiretroviral treatment and monitoring for HIV/AIDS","Timely detection and quality treatment of cases for Tuberculosis" or "Insecticide-treated nets for Malaria".A standard list of service delivery areas agreed and used by international partners is contained in the Monitoring & Evaluation Toolkit.
The table below lists the objectives for this grant (numberes for easy referenceand for linkingwith the SDAs). The "Goal Number" column indicates which goal objective is linked to.

Objective Number	Objective Description	Goal Number
2	Enhance the counsellors and institutional capacities of 40 counsellor training institutes (objective relevant ot this PR)	

2. Service Delivery Area (SDA) Ratings

As stated.Service Delivery Areas (SDA) are linked to an objective (the 1st column on the left contains the objective number). SOme SDAs may appear under different Objectives.
SDAs are typically measured through coverage indicators,categorized into three levels:Level 3, people reached; Level 2, service points supported; and Level 1, people trained (the 3rd, 4th and 5th columns display the number of indicatiors per level that have been assessed for the SDA indicated).
Based on results achieved against targets for each indicator, SDAs are given a rating: A=Expected or exceeding expectations; B1=Adequate; B2=Inadequate but potential demonstrated; C=Unacceptable (the 6th column contains the SDA rating and the 7th contains the rating's justification).

Objective	SDA	Level3	Level2	Level1	Rating	Evaluation of Performance (at the SDA level)
2	HSS: Human resources	0	0	0	X	
2	HSS: Information system & Operational research	0	0	0	X	

3. Indicator level Performance

PROGRAM OBJECTIVES,SERVICE DELIVERY AREAS (SDAS), INDICATORS, TARGETS AND RESULTS.

The numbers to the left of the indicators refer to the coverage level: Level 3, people reached; Levael 2, service points supported; and Level 1, people trained.these early grants typically reported on a quarterly basis, so each period usually represents one quarter.Therefore, results reported in Period 6 are typically from month 18 of the grant term and are the most recent results available.Coverage indicators that have reached more than 80% of their targets are green and others red.

Enhance the counsellors and institutional capacities of 40 counsellor training institutes (objective relevant ot this PR)					
SDA	**HSS: Human resources**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 0-Process/Activity Indicator	Indicator 2.1 - Number of staff for project implementation recruited at all levels	6	127	163	120%
Level 1-People trained	Indicator 2.2 - Number of master trainers, conducting HIV/AIDS counselling training (who have undergone basic and refresher trainings)	6	550	320	58%
Level 1-People trained	Indicator 2.3 - Number of counsellors trained to undertake HIV/AIDS counselling	6	0	2,432	120%
Level 1-People trained	Indicator 2.5 - Number of people trained in supportive supervision through capacity building workshops	6	160	161	101%
Level 3-People reached	Indicator 2.6 - Number of counselors visited quarterly by trainer/faculty for supprotive supervision	6	0	0	0%
SDA	**HSS: Information system & Operational research**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 2-Service Points supported	Indicator 2.7 - Number of good-practices centers identified and linked with the SRs	6	3	17	120%
Level 2-Service Points supported	Indicator 2.8 - Number of operational research studies on enhanced counselling undertaken by Zonal institutes and reports made available	6	2	0	0%
Level 2-Service Points supported	Indicator 2.9 - Number of training centers strengthened through improved infrastructure, training, resource materials and capacity building packages to support HIV/AIDS counselling programs	6	34	39	115%

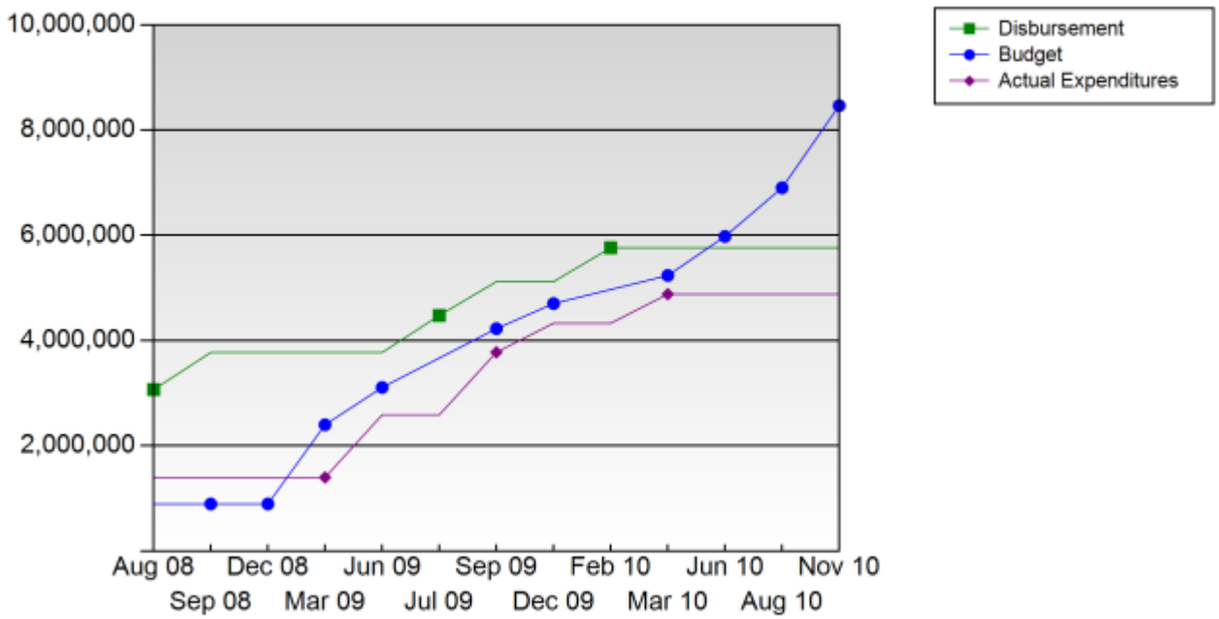
4. Disbursement History

*Note: In the absence of previous agreements, and noting in the future we will have agreed amounts and dates or disbursement,we have created an expected amount.
The Expected Amount is calculated by subtracting the first disbursement from the 2 year approved budget and spreading the remaining portion evenly over 6 additional disbursement. The Expected Date is calculated by assuming that quarterly updates and disbursement requests are due within 45 days after completion of each quarter.

EXPECTED VS ACTUAL DISBURSEMENTS

Disbursement Request	Expected Date	Actual Date	Expected Amount	Actual Amount	Expected Cumulative	Actual Cumulative

Expected vs. Actual Disbursements



5. Estimated under -disbursement in phase 1

Estimated under -disbursement in phase 1	Amount	Amount (in %)
Phase 1 grant agreement amount	USD 6,902,350	0%
Less:actual disbursed to date	USD 5,760,860	83%
Less:expected additional disbursement until the end of Phase 1 grant agreement	USD 187,858	3%
Expected undisbursed amount at the end of Phase 1	USD 953,632	14%

1. How many months of the program lifetime are covered by the actual disbursements to dat, including buffer period (e.g., 18, 21, 24 etc.)?

21 **Months**

2. Are actual disbursements to date significantly behind original disbursement schedules?

If yes, please comment:

○ Yes ● No

3. Do the expect additional disbursements until the end of Phase 1 appear to be high compared to amounts previously disbursed?

If yes, please comment:

○ Yes ● No

The PR has a cash balance of more than US$ 1.5 million as explained above and below.

4. Is it anticipated that there will be undisbursed funds of a material amount at the end of Phase 1 period?

If yes, please explain why and provide other relevant comments if any:

● Yes ○ No

The anticipated undisbursed funds at the end of Phase 1, as per the LFA workings will be US$ 953,632 which is around 14% of the total budget. Though the LFA does not consider this material, the FPM does. There have been savings as described below.

6. Expenditures and Cash Balance

Principal Recipient cash Balance	Amount (in USD)	Amount (in %)	Date
Actual disbursed to date by the Global Fund (to PR)	USD 5,760,860	100%	31-Mar-2010
Less: Direct payments for PR Expenditures	USD 903,604	16%	31-Mar-2010
Less: PR disbursements to sub-recipients	USD 3,315,366	58%	31-Mar-2010
PR cash-balance	USD 1,541,890	27%	31-Mar-2010

1. Are there any significant PR commitments to date that will be expended during the current or the next reporting period?

If yes, please give detailed comments:

○ Yes ● No

There are no outstanding commitments for these funds beyond the Phase 1 period.

2. Is the PR cash-balance of a material amount (relative to disbursements received from the Global Fund)?

If yes, please explain why and provide any other relevant comments, if any: (e.g., if disbursements received from the Global Fund cover a period beyond the expenditure period,unpaid commitments,implementation delays,etc)

● Yes ○ No

As shown in the table above, the closing cash balance on 31 March is approximately 27% of total disbursements. This is considered a material amount.

The primary reasons other than the forecasted expendure for April to June 2010 for the high cash balance are foreign exchange gains and bank interest income during Phase 1 up to 31 March. In addition there have been savings in HR, on training and on M&E budget lines.

F. CONTEXTUAL CONSIDERATION

1. Have there been significant adverse external influences (force majeur)?

○ Yes ● No

There are no issues.

1.1 If yes can they be alleviated?

○ Yes ● No

2. Are there any unresolvable internal issues (e.g., non-functioning CCM)?

○ Yes ● No

There are no unresolved internal issues affecting this grant

3. Are there any program and financial management issues (e.g., slow or incomplete disbursements to sub-recipients or issues with the PR)?

○ Yes ● No

There have been substantial exchange gains in the Phase 1 due to weakness in INR (Indian Rupee) as compared to US$. As the Phase 1 budget was prepared @ Rs.40 per US$ and the exchange rate sometimes exceeded 50 INR per dollar during the period, this affected the cash available to the PR considerably. The exchange rate used for Phase 2 budget is Rs.47.50 per US$.

4. Are there any systemic weakness in:

4.1. Monitoring and evaluation?

○ Yes ● No

Program results reported by the PR have been accurate overall. The PR has been handling the information/M&E aspects of the grant well in Phase 1. There do not appear to be any capacity gaps in M&E systems.

4.2. Procurement and supply management?

○ Yes ● No

There is no procurement of health products under this grant.

4.3. Any other areas?

○ Yes ● No

5. Are there any material issues concerning the quality or validity of data?

○ Yes ● No

There have been some minimal corrections made through the LFA verification but overall data quality and validity is very good. The PR introduced a comprehensive MIS for the grant.

6. Have there been any major changes in the program-supporting environment? (e.g., recent initiation of capacity strengthening, support of implementation by technical partners, changes in the intervention context or political commitment?)

● Yes ○ No

The following may be noted with regard to the recent developments in the country context:
• A new Department of AIDS Control was established in 2009 within the MOHFW and the PR (NACO) is now the new department. The move is demonstrative of the commitment of the government of India to a sustained effort for HIV/ AIDS control.
• The Secretary (Department of AIDS Control) and Director General, NACO has been promoted to the position of Health Secretary, MOHFW and a new Secretary (Department of AIDS Control) and Director General, NACO has taken charge.
• The new Health Secretary; MOHFW has taken over the charge as CCM chairperson.
• India completed its five yearly General Elections in 2009 and the Congress party continues to lead the government under the leadership of the same Prime Minister- Dr. Manmohan Singh. This government has shown strong commitment to the HIV control efforts.

• Financial or capacity-strengthening
As mentioned in the CCM request, “As per the recommendation from the national programme the Counseling component will divert a substantial part of the training budget ($ 2,569,983) to Supportive Supervision. The target for the supportive supervision has been revised and scaled up to 6660 from 3750. The revised target of 6660 will cover all stand-alone-ICTC counselors from 575 districts of country. This includes A,B,C and D category districts from states where the programme has SRs/SSRs. The proposed scaling-up requires additional mentors to carry out the activity and thus an additional pool of 1020 mentors (2 in each district) will be trained in Phase-II”.

The counselor training programs and nurses training program in counseling that have been organized till now under TISS grant have been funded by NACO. NACO has indicated that it will be responsible for funding all the future programs for training counselors and has indicated that the PR need not to use the funds budgeted for this activity from the Global Fund project.

The minutes of the CCM meeting, dated May 04 2010, also indicate that NACO will fund the training of counselors during year 3, 4, & 5 of the program but do not indicate where it will find these funds or why the Global Fund funds are no longer needed.

Some other developments which we feel needs to be mentioned and which may have some impact on the program are:
• The RCC for round 2 and round 4 have earmarked funds for training of personnel and these have now been approved. However there is a need to confirm with NACO that they would be using some of these funds for the training of counselors.
• These RCC projects expect 10,700 ICTCs and 375 ART centers to be functional in the country. However out of this, only the stand alone counselors are being offered supportive supervision. In the same district some counselors will be exposed to SS and some others may not be. Therefore, the quality of treatment received by PLHIV will be markedly different.
• We understand that NACO has undertaken a reclassification of the districts based on more current prevalence data instead of continuing to use 2004 to 2006 data. The change of classification of any district will have impact on the 12,000 counselors to be trained by master trainer as they will now be in different locations.

There are no major issues in the areas of support from technical partners, changes in donor engagement, and/or social issues.

7. Has the program demonstrated significant improvements in implementation over the last 6 months?

● Yes ○ No

The PR has been able to meet demands from the national program to advance the training of counselors. SRs and SSRs are faced with varying situations reflecting the different needs of the SACS to which they are attached. While some of the SSRs and SRs have carried out a number of training programs others like PGI Chandigarh have been finding it difficult to gather enough participants for the program they wanted to organize.

There have been significant achievements during the last 6 months for two indicators where there were no targets and the PR has advanced the activities based on the need of the National Program and other factors. These two indicators were the number of counselors trained (2,432 instead of 0) and number of training courses conducted (57 instead of 0)

The target and achievement under all the indicators for last 6 months is also presented in the table:-

No. Indicators Target for 6 Months/Achievement for 6 Months
1 Number of staff recruited at all levels: 6/28
2 Number of master trainers conducting HIV/AIDS counselling training: 550/238
3 Number of counsellors trained to undertake HIV/AIDS Counselling: 0/2,432
4 Number of training courses conducted by SRs & SSRs that were monitored for quality: 0/57
5 Number of persons trained through capacity building workshop in supportive supervision: 80/89
6 Number of good practice' centres identified and linked with the SRs: 3/17
7 Number of operational research studies undertaken by zonal institutes (SRs) and reports made available: 2/0

Overall there have been improvement in the last 6 months with more activities in terms of training, and research studies have been initiated. However, in case of one indicator 'Number of operational research studies on enhanced counseling undertaken by Zonal Institutes and reports made available', the PR has not been able to achieve the target of 2 studies by P-6. The studies are still in progress.

Also, in case of te indicator: "Number of master trainers conducting HIV/AIDS counselling training", as against target of 550 for P5 & P6, the achievement of the PR is 238, resulting in underachievement of 312. It may be noted that this indicator is linked to indicator 'Number of counselors trained to undertake HIV/AIDS counseling' which is applicable from P-7. Therefore, both the indicators should have been applicable from P7 and target for P-5 & P-6 for "master trainers conducting HIV/AIDS counseling training" should have been NIL, as both the activities "master trainers conducting trainings" & "counselors being trainer" should happen simultaneously.

8. Have there been any changes in disease trends?

● Yes ○ No

There have been changes to India's HIV/AIDS situation however these are more relevant to NACO which is responsible for the implementation of the National AIDS Control Program (NACP) at the National level. The PR-TISS is a Principal Recipient for only a small component related to strengthening the counseling institutions and building the capacity of counselors.

Over the last 3 years since the proposal was submitted for Round 7 project, there has been significant change in the program environment. At the time of the proposal the number of PLHIV in India were estimated to be 5.2 million. It was felt that there is an increasing trend in prevalence and only about 15% of PLHIV knew their status. ICTCs were expected to be few in number and ART centers were being set up.

The current scenario is that the estimated number of PLHIV are about 2.3 million, prevalence is estimated to have been falling over the years. It is now estimated and over 50% of PLHIV already know their status. ICTCs and ART Centers are expected to increase in number to about 10700 and 375 respectively by 2013. Further, in the final years of NACP-III about 22 million clients are to be counseled and tested through the ICTCs every year.

The need for a larger number of counselors and their important role in HIV control is better defined and understood. The current proposal from the PR is to provide training to counselors and to provide supportive supervision to 6660 counselors in an attempt to reduce their burnout and decrease the attrition rate in the program.

9. Is there information that would indicate that the program was not advancing the Global Fund's operating principles to:

9.1. Promote broad and inclusive partnerships?

○ Yes ● No

India is one of the few countries which have promoted a national action plan for AIDS control which includes governmental, non-governmental, bilateral, multi-lateral and private partnerships to attain a common goal of halting and reversing the epidemic. This grant is part of such a request for capacity building among counselors which has multiple benefits for the national AIDS Control program.

9.2. Promote sustainability and national ownership through use of existing systems and linkages with related strategies and programs?

○ Yes ● No

The National AIDS Control Program (NACP) envisages extensive linkages with National Rural Health Mission (NRHM) to the district level and beyond. As articulated in the RCC Round 2, new ICTCs (Integrated Counseling and Testing Centers) are being created in existing PHCs and some of the staff engaged in Primary health care will take on additional HIV related responsibilities. Training and coordination is a vital component of NRHM including the Reproductive and Child Health (RCH) Program. NACP synergizes its activities with NRHM for greater sustainability and the project is aimed at building capacity of counselors who are also employed in the RCH program as well as general health services including TB. This ensures the sustainability of counselor capacity building program and also its integration with the mainstream health programs of India.

The 6 SRs and 34 SSRs are existing educational institutions with a long history and many programs with most of them being part of the university system of India. Through this grant their capacity is being supplemented in terms of infrastructure, manpower and capabilities.

9.3. Provide additional resources?

○ Yes ● No

India's National AIDS Control Programme is funded through a variety of sources and partnerships. Besides, governmental funds, various partners like DFID, BMGF and multilateral agencies like USAID, UNICEF, UNDP and World Bank provide assistance to the HIV control effort of the country. All activities of various donors supported programs are regularly monitored to minimize duplication of efforts through national level and state level reviews by donor coordination committees on a regular basis (six month at national level and three monthly at state level). This round of Global Fund supports one of the key areas of capacity building for counselors which is crucial in implementing the NACP.

10. Are there any synergies between this grant and the Global Fund financed programs (e.g., grants to be signed, other on-going grants, etc.)?

● Yes ○ No

The Global Fund currently funds significant scale up of ICTC (integrated counseling and testing centres) through the Round 2 RCC and the scale up of ART centers through the Rd 4 RCC. ICTCs and ART Centres are expected to increase in number to about 10700 and 375 respectively by 2013. Further, in the final years of NACP-III about 22 million clients are to be counseled and tested through the ICTCs every year.

The need for a larger number of trained and skill counselors and their important role in HIV control is better defined and understood. The current program is to provide training to 12,000 counselors and to provide supportive supervision to 6660 counselors in an attempt to reduce their burnout and decrease the attrition rate in the program.